

## RESEARCH ARTICLE (ORIGINAL) 8

## Women's perceptions of the care received during water birth

*Perceção das mulheres sobre os cuidados recebidos durante o parto na água*

*Percepción de las mujeres sobre la atención recibida durante el parto en el agua*

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Received: 28.07.21

Accepted: 11.05.22

### Abstract

**Background:** The model for care provided during water birth is interpersonal, comprehensive, and respected.

**Objective:** To identify women's perceptions of the care provided by nurses specialized in maternal and obstetric health nursing during water birth from the perspective of Jean Watson's nursing theory.

**Methodology:** Empirical, qualitative, and interpretative research with 24 Portuguese women who had a water birth in hospitals or at home. Data were analyzed using Bardin's content analysis method.

**Results:** Five categories emerged from the narratives: welcoming environment; women in control during labor; trusting relationship; expectations fulfilled; and the partner as part of the process.

**Conclusion:** The Clinical Caritas Process was perceived in the narratives through respect and affection during care delivery to develop a relationship and promote cooperation, leading to inner healing through this care process. Participants' perceptions of the care received during their water birth revealed a safe, intimate, respectful, welcoming, and favorable environment, without unnecessary interventions and supported by the partner.

**Keywords:** natural childbirth; humanizing delivery; nurse midwives; nursing theory; nursing care; comprehensive health care

### Resumo

**Enquadramento:** O modelo de cuidados prestados durante o parto na água é interpessoal, integral e respeitado.

**Objetivo:** Conhecer a perceção das mulheres sobre os cuidados recebidos pelas enfermeiras especializadas de saúde materna e obstétrica durante o parto na água na perspetiva da teoria de enfermagem de Jean Watson.

**Metodologia:** Investigação empírica, qualitativa, interpretativa com 24 mulheres portuguesas que vivenciaram o parto na água no hospital ou no domicílio, com tratamento dos dados baseados no método análise de conteúdo de Bardin.

**Resultados:** A partir das narrativas, emergiram cinco categorias - ambiente acolhedor; a mulher no controlo do seu próprio parto; relação de confiança; expectativas correspondidas e o companheiro como parte do processo.

**Conclusão:** O Processo Clinical Caritas foi percebido nas narrativas através do respeito e do carinho durante os cuidados prestados, proporcionando uma relação e cooperação, que promoveu posteriormente uma cura interior através desse processo de cuidados. A perceção das participantes do estudo quanto aos cuidados recebidos revelou um ambiente seguro, íntimo, respeitoso, acolhedor, sem intervenções desnecessárias, favorável e amparado pelo companheiro.

**Palavras-chave:** parto normal; parto humanizado; enfermeiras obstétricas; teoria de enfermagem; cuidados de enfermagem; assistência integral à saúde

### Resumen

**Marco contextual:** El modelo de atención al parto en el agua es interpersonal, integral y respetado.

**Objetivo:** Conocer la percepción de las mujeres sobre la atención recibida por las enfermeras especializadas en salud materna y obstetricia durante el parto en el agua desde la perspectiva de la teoría de la enfermería de Jean Watson.

**Metodología:** Investigación empírica, cualitativa e interpretativa con 24 mujeres portuguesas que tuvieron un parto en el agua en el hospital o en casa, con un tratamiento de datos basado en el método de análisis de contenido de Bardin.

**Resultados:** De las narrativas surgieron cinco categorías, ambiente acogedor; la mujer en el control de su propio parto; relación de confianza; expectativas cumplidas y la pareja como parte del proceso.

**Conclusión:** El Proceso Clinical Caritas fue percibido en las narrativas a través del respeto y el afecto durante la atención prestada, lo que proporcionó una relación y cooperación, que posteriormente promovió una curación interior a través de este proceso de atención. La percepción de las participantes en el estudio sobre la atención recibida mostró un ambiente seguro, íntimo, respetuoso, acogedor, sin intervenciones innecesarias, favorable y apoyado por la pareja.

**Palabras clave:** parto normal; parto humanizado; enfermeras obstetricas; teoría de enfermería; atención de enfermería; atención integral de salud



**How to cite this article:** Camargo, J. C., Urasaki, M. B., Albuquerque, R. S., Serra, A. R., Mendonça, M. E., Néné, M., & Grande, M. C. (2022). Women's perceptions of the care received during water birth. *Revista de Enfermagem Referência*, 6(1), e21099. <https://doi.org/10.12707/RV21099>



## Introduction

The experience of giving birth is a highly significant and unique event for each woman, with a significant emotional, cognitive, and physical impact on her experience, postpartum adaptation, and transition to parenthood. In addition, it influences her well-being and that of her partner, as well as her reproductive life and future choices. Water birth presents itself as a favorable and beneficial possibility for women. A study showed that a midwifery-led birth setting might increase the likelihood of normal physiologic birth among healthy women who labor in water, irrespective of parity (Carpenter et al., 2022).

Another study found that positive birth experiences are associated with attending childbirth preparation programs during pregnancy, fewer unnecessary interventions during childbirth, and allowing women to choose their accompanying persons and midwives (Maimburg et al., 2016). Thus, the positive experience of water birth resulted in increased satisfaction and a desire to repeat the experience in future births (Camargo et al., 2019). In addition to reducing unnecessary interventions, holistic care ensure women's individuality, integrality, and choice, as occurs in the triad of the humanization of labor and birth, which encompasses the individualization of behaviors, the right to privacy, and empathy. It is a right that promotes the well-being of all women, regardless of the mode of delivery (World Health Organization [WHO], 2018). Thus, in 2018, WHO outlined recommendations for promoting a positive experience during pregnancy, labor and childbirth, and the immediate postpartum period, including newborn care. Thus, a positive childbirth experience is one that respects a woman's prior personal and sociocultural beliefs and expectations, including giving birth to a healthy baby in a safe environment, with the presence of a companion, while receiving continuous professional and technically competent care (WHO, 2018). In recent decades, negative childbirth experiences have emerged as a major problem in developed countries. A study showed that 16% of participants had negative experiences, with a higher percentage among primiparous women, due to the following reasons: fear for her own life and the life of her child, having no choice for pain relief, and dissatisfaction with pain relief and the assistance received (Sigurdardottir et al., 2017).

According to Souto et al. (2020), fear of childbirth is a universal phenomenon that affects many women, drawing attention to the relevance of studies that minimize this feeling through practices for relieving pain and reducing anxiety, such as the possibility of water birth.

A study conducted with 351 pregnant women on the effect of frequent interventions during labor on maternal satisfaction concluded that they negatively influenced women's childbirth experience (Çalik et al., 2018). From the perspective of the demedicalization of childbirth, water birth can be an alternative for low-risk pregnant women since it is defined as warm water immersion during the active phase of labor, resulting in the birth of the baby entirely underwater, regardless of placental delivery location (Camargo, 2019).

Two systematic reviews highlight that water birth is a non-pharmacological and safe method for pain relief and control, promotes physiologic birth, and should be made available to all pregnant women who desire it in health services (Carpenter et al., 2022; Vanderlaan et al., 2018). Concerning the advantages of water for pregnant women, there is evidence recommending it and highlighting its beneficial effects (Camargo, 2019). Warm water immersion in a birth tub/pool relaxes the woman, relieves pain, promotes comfort, enables freedom of movement, and ensures safety for the woman and the fetus (Camargo, 2019).

This study is justified to the extent that its results can contribute to encouraging water birth, which is in line with the public policies for reducing unnecessary interventions during labor and childbirth, such as the demedicalization of vaginal delivery, and enable the delivery of safe, qualified, and positive care for implementation in a health system. It is important to outline that protocols have been published on the implementation of and assistance during water birth. A well-structured and rigorous protocol can identify the best moment for women to leave the water in case of maternal or fetal compromise (The Royal Australian and New Zealand College of Obstetricians and Gynaecologists, 2021).

In addition, this article shows the results of a doctoral research on water birth conducted in Portugal. The publication of these results is important because water birth is statistically uncommon in Portugal, and the research in this area is scarce at a national level (Camargo, 2019).

## Background

This study used Jean Watson's Theory of Human Caring as its theoretical framework. This theory focuses on the human being as a whole (body, mind, and spirit), with nursing care being based on the humanistic and phenomenological philosophy that brings meaning to human life. Through the Clinical Caritas Processes, the nurse connects with the existential-spiritual dimensions of the individual, which is the basis of this research, by focusing on the relationship that enables harmonization and healing of the body by simply listening to and honoring another person's story and feelings (Watson, 2007).

This condition proposed in Watson's theory, which is interpreted as respect for and humanization of water birth care, promotes an integral, holistic, and salutogenic care that results in a positive experience for the woman/couple. According to Evangelista et al. (2020), aspects related to the soul, the spirit, interpersonal care, metaphysics, and phenomenology contribute to nursing practice and provide a different perspective taking into account the dimensions of effective and holistic care.

A prerogative in humanized childbirth, holistic care is the target of the care provided by nurses specialized in maternal and obstetric health in normal childbirth settings. In this study, these professionals were the primary caregivers of women and their newborns throughout the antenatal and postpartum continuum. They are qualified

to provide care in the areas of sexual and reproductive health, health promotion, information about the rights of adolescents and women, and newborn care. Therefore, they are trained to become autonomous professionals and provide holistic and humanized care during normal childbirths (International Confederation of Midwives [ICM], 2021). The professional practice focuses on the interpersonal relationship between a clinical nurse midwife and a person or a group of people (family or communities) to meet the specific needs of that woman/couple/family (ICM, 2021).

Thus, this study aimed to identify women's perceptions of the care provided by nurses specialized in maternal and obstetric health during water birth from the perspective of Jean Watson's Theory of Human Caring.

## Research question

What are women's perceptions of the care provided by nurses specialized in maternal and obstetric health during water birth?

## Methodology

An empirical, qualitative, and interpretative study was conducted with 24 women who had a water birth in public and private hospitals or at home and lived in Portugal. It aimed to identify the participants' perceptions of the care provided by nurses specialized in maternal and obstetric health.

Women who had a water birth and did not use pharmacological methods for pain relief, had a gestational age of 37 to 41 weeks and 6 days, and agreed to voluntarily participate in the study were considered eligible. Women who gave birth out of water were excluded.

Participants were selected through a non-probability snowball sampling technique. The contact with the first participant who had a water birth occurred during a maternal health event in Portugal, where one woman indicated another, and so on. Each participant's narrative was assigned alphabet letters (e.g., PA) to ensure

confidentiality.

Data were collected between October 2015 and September 2016 through face-to-face interviews performed by the leading researcher - an obstetric nurse - using a script with 19 open-ended questions about the experience of water birth and the perception of the care received. The meetings were held in places chosen by the women (work, coffee shop, square, and home) via videoconferencing, as requested by the participants. The interviews were audio-recorded and lasted approximately 60 minutes each. Then they were transcribed in full for analysis and interpretation of the participants' narratives.

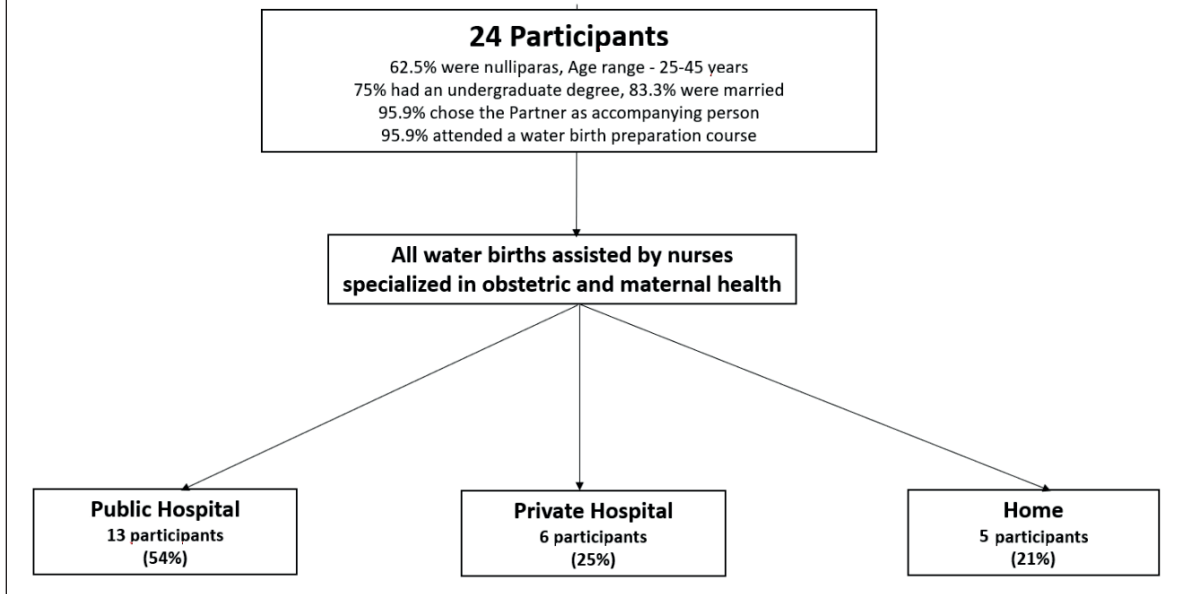
The content was analyzed using Nvivo<sup>®</sup> software, version 10, which was used to encode the narratives and group them into themes/categories. Data were analyzed using Bardin's thematic analysis technique (2016) in three stages: pre-analysis (skimming the transcribed interviews to create the corpus of analysis); exploration of the material (coding through the clipping of the recording and context units and categorization of the semantic, syntactic, lexical, or expressive material); and data treatment and interpretation (identification of the core categories/themes). Two other researchers validated this process. The narratives were analyzed in the light of Jean Watson's Theory of Human Caring with reference to the Clinical Caritas Processes. The research was reviewed by the National Commission for Data Protection and approved with Opinion no. 9885/2015. All ethical aspects of research involving human beings (informed consent, confidentiality, and data privacy) complied with the current legislation. The interviews were conducted after the participants had voluntarily agreed to participate in the study and signed the Informed Consent Form (ICF).

## Results

Figure 1 shows the participants' characteristics. To answer the problem and achieve the objective of this study, an analytical process was applied to the narratives, exploring each participant's experience of water birth. This process led to interpretations and inferences from which the themes and narratives in Table 1 emerged.

**Figure 1**

*Characterization of the interviewed participants who gave birth in water in a public or private hospital or at home (N = 24)*



**Table 1**

*Thematic fields, units of meaning of women's perceptions of care received during the water birth (N = 24)*

Supporting quotes: Women's perceptions of the care provided by Nurses Specialized in Maternal and Obstetric Health	
<b>Welcoming Environment</b>	<p><b>Warm water immersion provided a receptive, harmonious, and protective environment while promoting pain relief, privacy, introspection, and coziness.</b></p> <p>As soon as I got into the water, I calmed down because I couldn't even breathe properly. The nurse gave me instructions on the positions and what to do during the contractions. It felt good, I don't even remember feeling any pain underwater. It was quick. The baby came out and turned on his own, he (partner) was with me, he helped me through the whole process. It was wonderful, the three of us, very positive. (PK)</p> <p>Entering the water was amazing, almost total relief from the pain, I was able to relax and start thinking again. They let us put our soundtrack on. I had the Midwife Nurse by my side the whole time, and the directions they gave me were to gently help the baby engage. It was positive, they took the sound off the fetal heart rate monitor as they realized the father was always looking at it because of the noise, reassuring him. Also, they always entered the room very quietly. (PA)</p>

<p><b>Women in control during labor</b></p>	<p><b>Right to choose, mastery over body, empowerment, and ability to give birth, free from interventions, and pride in one's self.</b></p> <p>I was very focused on not tearing, as I knew the baby would be big (the baby was 4.450kg), so I focused on feeling the baby going down the vaginal canal. When crowning, I tried not to push too hard so that the baby would come out smoothly and I would not tear. After the head came out, I petted it, and it was wonderful to feel the baby between worlds, the head out and the body still inside me. The minute he was still in the water, I picked him up and slowly lifted him onto my chest. (PT)</p> <p>Our bodies are a machine set up to have children, and we are losing that ability. We had generations of brave women who had natural births. Having a natural birth like my great-grandmothers rather than a mechanized birth with machines that do what I have to do, when my body is the one that has to have the child. My personal experience was like a generational reunion of women who have natural births, that's our machine, I was proud of myself. (PG)</p> <p>It's a fantastic experience. We listen to our body, let it work, like our ancestors did, let the body speak, every contraction, every movement, she comes out when she has to come out and we are there to help . . . knowing that I was able to give birth without drugs, without artifices, without anything, it was very good for me. (PU)</p> <p>I felt like I was respected from the day I walked in. I had a birth plan, and everything in there was respected. And in my delivery I didn't have a doctor, I only had an obstetric nurse and it was amazing. It was the best day of my life, everything went very well, when I talk about my delivery, my face lights up, I'm happy, it was very good. (PY)</p> <p>"I think it went by pretty fast from the time I got into the water until the baby was born, it ended up being pretty fast and I had the freedom I wanted." (PO)</p>
<p><b>Trusting relationship</b></p>	<p><b>Pregnant women in control of childbirth but dependent on the command of the nurse specialized in maternal and obstetric health</b></p> <p>I had a very strong eye contact with the obstetric nurse and I would look at her like "mom, what do I do?" and ask "so it's time?" I totally gave myself to her and I liked having someone to trust. I think the nurse was amazing." (PP)</p> <p>I felt calm, very powerful and, at the same time, calm, but, for me, the most important person in that room was the midwife. I felt that if the midwife was there everything would be OK, she was important to me, I felt that childbirth is a woman's thing. (PH)</p>
<p><b>Expectations fulfilled</b></p>	<p><b>The birth plan was respected and the water birth experience led to happiness, empowerment, and satisfaction</b></p> <p>"I've researched and read, it seemed to me that water birth was the one giving me the opportunity to have what I imagined. To have a calm birth, comfortable, to be able to be as I wanted . . ." (PB)</p> <p>As soon as my daughter was born, I wrote a sentence saying that they were dream catchers that they did magic, and that water was life. I allowed me to be able to have my daughter with the presence of her father, in that very familiar environment, because we were so united at that moment that I didn't even realize what was happening around us. (PA)</p> <p>It was a good feeling. It's good to feel how powerful the body is, it has strength. A positive experience that helped me to believe in myself again, in my ability, in my strength, and how we are able to handle so much intensity, which in the moment is very beautiful. (PC)</p> <p>Labor went on for 28 hours without the waters breaking. The expulsion was painful but rewarding. As an experience, I can only say that I feel fulfilled because I felt that it would be like this since I was very young. Of all the people I know, their experience was terrifying or traumatic. (PR).</p>
<p><b>Partner as part of the process</b></p>	<p><b>The accompanying person was essential to the positive experience of water birth</b></p> <p>Him (the partner) being there was crucial, if he wasn't there, I don't know if I would have managed as well, as smoothly. The fact that he was there touching and holding me and letting me grab his hands when I needed to, that closeness was a pillar. (PJ)</p> <p>My partner also got in the water, it was good, nice. Being there experiencing the birth is different than just being there as an observer. He was part of the birth, he helped. It was a birth where the father also helped the baby to come out. (PO)</p> <p>My son was born head first, I was the first one to pick him up and take him out of the water. The skin-to-skin contact was right after the expulsion and he stayed on my breast for a while, maybe 10 minutes. My mother-in-law cut the cord and I have to say that feeling the heartbeat running all over the umbilical cord is an experience I will never forget. (PR)</p>

## Discussion

The participants' narratives align with the known outcomes of water birth as promoting pain relief, couple's privacy, sense of security, internalization, connection with oneself and the partner, and satisfaction.

From the perspective of interpersonal caring, providing a supportive environment is one of the Clinical Caritas Processes, where the nurse provides a positive and holistic experience (Watson, 2007). In this study, this support was reflected in the pregnant women's freedom in the birth pool and the professional's guidance during contractions and instructions about birth positions that contributed to fetal engagement. The visual control, the respect for the ambient music chosen by the couple, and the reduction in the volume of the fetal heart rate monitor and the intensity of the ambient light promoted pregnant women's total commitment, increasing their confidence and security. The nurses specialized in maternal and obstetric health are collaborators who provide holistic and comprehensive healing care (Watson, 2007). They are essential in the healing process of women with less positive previous birth experiences and can interfere with future experiences or even negative feelings. Delivering individualized care, creating a warm, therapeutic, safe, and intimate environment, and using gaze, voice, touch, face, and hands are essential to promote healing. The study participants reported that the professionals worked towards ensuring that their childbirth was experienced in a respectful, welcoming, and private way, and that their birth plan was respected.

Therefore, the women perceived that the care received was focused on their choices, contemplated the spiritual dimension (mind, body, and soul), including holistic care that takes into account feelings and desires, and empowered women to become the protagonists of their birthing process. These aspects corroborate the importance of woman-centered care to optimize the experience of labor and childbirth care for women and their babies through a holistic, human rights-based approach (WHO, 2018). The interviewees seemed happy as they felt in control of their birthing process, empowered, and strong. They also reported that the freedom they had enabled them to experience the childbirth of their dreams. Women's choices were respected, they had control over their bodies, and felt respected due to the absence of interventions. A systematic review of 12 studies examined one or more influences of negative childbirth experiences and found that they interfered with women's future decisions on three aspects: not to have another child, delay a subsequent birth, and to request for cesarean section in subsequent pregnancies (Shorey et al., 2018).

On the other hand, the positive attitudes reported by the participants contributed to perceptions of empowerment and promoted a powerful and respectful childbirth. For Souto et al. (2020), a positive childbirth experience is very important for women because most of them desire a respectful childbirth process, with a sense of personal accomplishment and control that allows them to be involved in decision making, even when medical interventions

are required, resulting in a positive outcome and memory of mission accomplished.

Pain relief was found in the narratives, strongly influencing the role of the nurse midwives who provided key information for them to experience childbirth in the best possible way.

This close relationship between professionals and pregnant women to meet the latter's biopsychosociocultural and spiritual needs is grounded in the concept of reciprocal care. The interpersonal relationship between the caregiver and the person being-cared-for is established based on the commitment with the quality of the care provided to pregnant women during childbirth and the delivery of ethical and humanized care. Therefore, the dialogue is the driver that incorporates ethical and humanistic values (Watson, 2007).

The participants' narratives indicate that the attitudes of the nurses specialized in maternal and obstetric health are aligned with the Clinical Caritas Process that Watson (2007) calls *Cultivating of one's own spiritual practices; deepening self-awareness, going beyond "ego self"*, that is, being sensitive to one's self and others. When nurses are sensitive to others, they are able to learn about another worldview, which subsequently increases concern for the comfort and well-being of women in labor (Pereira et al., 2020).

This study is aligned with other studies on women's perceptions of the care received, with an emphasis on sensitivity, feelings, wishes, and care received with empathy throughout the birthing process. The humanized care model was perceived through empathy, kindness, respect, and love that strengthened fraternal values, commitment, and satisfaction, which is in line with Watson (2007). The narratives also convey women's power of choice and control as protagonists of childbirth.

It should be noted that there are several designations in the Western world for models of obstetric care with common elements such as: the mechanistic scientific conception and the indiscriminate use of technology; the notion of gender to identify the processes of subjection to which women are subjected in health services; a professional bias, in which medical knowledge/power sustains the conceptions and practices of modern obstetrics; the denunciation that this model exercises a type of authority because it has a centralizing, hegemonic nature of domination in a place where this authority is unquestionable (Bourguignon & Grisotti, 2020).

Thus, this model is believed not to be appropriate for the process of childbirth, regardless of the culture. It is interventionist and can bring harm to mothers and newborns, such as those described below.

It is well established that excessive interventions during childbirth violate the integrity of women's bodies. Moreover, the strange and frightening environment of hospitals and women's feeling of being excluded from decisions involving the birth of their children have mobilized society in favor of healthier physiologic births capable of increasing personal satisfaction (Almeida & Araújo, 2020). The model of water birth presents itself as a possible horizon.

Pregnancy is an important life transition, and childbirth education offers an ideal opportunity for health promotion. The puerperal pregnancy cycle is most often a physiological and natural process and should not be linked to the notion of pathology. Pregnancy is part of a woman's normal life cycle and allows the professional team to deliver and plan humanized care based on the Theory of Salutogenesis, which provide the basis for better health in the health/disease continuum. The Theory of Salutogenesis can be operationalized in the design of a childbirth preparation course (Davis et al., 2019). In addition to the preparation for childbirth in the health unit, the participants in this study also received preparation for water birth. The outcome was increased complicity with their partners/accompanying persons.

Research shows that births led by clinical nurse midwives have lower rates of cesarean sections, forceps use, labor induction, continuous fetal heart rate auscultation, and use of medication, resulting in better Apgar scores at birth (WHO, 2018). There are recommendations that these professionals should assist women during low-risk pregnancies and deliveries.

The narratives also show that the care was perceived as comprehensive and respectful of pregnant women's well-being and promoted nurturing relationships of trust between those involved. The empathic, helping, and trusting relationship was therapeutic and revealed itself as essentially human, by integrating the lived experience of women and their accompanying persons. This interpersonal relationship is legitimized by the pregnant woman's desire to have the professional always by her side, despite being the protagonist of her birthing process. In Watson's theory (2007), these aspects are evident in the Clinical Caritas Process called *Developing and sustaining a helping-trusting, authentic caring relationship*, in which the professional is able to enter the experience of the woman in labor, connecting with her beyond the physical dimension.

The women perceived the nurses as promoters and facilitators of their experiences and those of their families. They felt appreciated as persons, in a linear relationship, without unevenness or rigidly defined roles, as in the Clinical Caritas Process called *Engaging in genuine teaching-learning experiences that attend to whole person*. The central idea is the respect for the other's differences; the interconnection with the person being-cared-for to promote self-management, recognizing one's own needs, and exercising self-knowledge of one's abilities; perceiving the experience of the other as a starting point and respecting his/her limitations (Watson, 2007).

Thus, by having their human needs fulfilled, namely feeling cared for, empowered, accepted, understood, and valued, and being able to share these feelings and sensations with other people who are dear to them, the study participants were able to find the transcendence of care in the harmony and balance of the birth process experienced (Watson, 2007).

For the participants, the care received did not disappoint them. Instead, the process of giving birth, the presence of the partner, and the implementation of the birth plan were

reported as positive experiences where women's desires were respected in line with the Clinical Caritas Process called *Assisting with basic needs*. In this way, human dignity and wholeness that stand out as access to the physical body in an intimate way are preserved (Watson, 2007). Women perceived the viability and valorization of the presence of an accompanying person as an ingredient that added to the development of an authentic, humanistic, supportive, and trusting relationship of care. This presence helped increase the couple's unity, intimacy, and satisfaction. A systematic review highlights that the childbirth experience is more meaningful when women have ongoing support from someone important to them and that preparation for childbirth is essential for an effective assistance during labor (Bohren et al., 2019).

For the delivery of interpersonal care, it is necessary to consider every little detail brought by the woman, show respect and sensitivity, reconcile technical-scientific knowledge and ethical attitude, and respect each person's individuality to innovate health care practices and decrease isolation and hierarchization in caregiving relationships while promoting communication and contact between people (Watson, 2007).

With this in mind, a study identified facilitators and barriers to effective communication between health professionals and women in labor. It found that a facilitator of communication is good interaction involving warmth, sympathy, and respect. As barriers, they pointed out verbal abuse, the failure to answer questions, the linguistic barriers, the poor quality of non-verbal communication, and the discrimination due to women's status (Madula et al., 2018).

The caring process is a unique and delicate gift that should be appreciated. For Watson (2007), caring is the heart of nursing, and the same occurs when the needs of the soul, body, and spirit are met. In this study, it was clear that the care received by the participants during the water birth was linked to the professional's attitude, vision, and genuine interest in helping and promoting the well-being of the binomial and the partner. This study opens up a line of knowledge about interpersonal care in obstetric care, particularly in water birth. A limitation of this study was the data collection strategy, given that the snowball sampling technique tends to match the interviewees' characteristics.

These findings are expected to contribute to the production of knowledge and inform practices that may become strategies, tools, and theoretical-practical models for delivering care to women who choose a water birth. They are also expected to strengthen the proposal of a childbirth model based on holistic, respectful care that meets the needs of each woman towards salutogenic birth while influencing cesarean section and maternal mortality rates.

Other studies on water birth are expected to be developed with robust methodological designs from the perspective of safe care, focusing on the needs of women and their families.

## Conclusion

The Clinical Caritas Processes were perceived in the participants' narratives through love and affection, which, together with the care provided during water birth by the nurses specialized in maternal and obstetric nursing resulted in a relationship that can lead to inner healing, evoking co-participation in the caring process. The participants' perceptions of the care received during water birth revealed a safe, intimate, respectful, welcoming, and favorable environment, without unnecessary interventions and supported by the partner. The specialized nurses promoted the physiological process of childbirth and delivered holistic and transcendent care that preserved autonomy, respected the principles of comprehensive care, and promoted empowerment in childbirth, within a salutogenic paradigm. Women's narratives are aligned with the Theory of Transpersonal Caring proposed by Jean Watson, given that comprehensive care enabled the participants to transcend their current state to experience a new life process in their wholeness.

### Author contributions

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